

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LXVI.

THURSDAY, JULY 31, 1862.

No. 26.

THE RELATIONS OF THE OPHTHALMOSCOPE TO LEGAL MEDICINE,

PARTICULARLY AS REGARDS THE DETECTION OF SIMULATED MYOPIA OR AMAUROSIS
IN THE CASE OF PERSONS DRAFTED FOR MILITARY SERVICE.

[Translated from Dr. A. Zander's "Ophthalmoscope, its Forms and Use," for the Boston Medical and Surgical Journal.]

By HASKET DERBY, M.D.

THE ophthalmoscope may be used with decided advantage in those cases in which the physician must give an opinion as to injuries of the eye, and especially as regards the question of their doing permanent damage. Are these injuries of so palpable a nature that the sclerotic and cornea are ruptured, and the aqueous and vitreous humors evacuated; or does a so-called traumatic cataract ensue a few hours after the injury, then the ophthalmoscope would certainly be of no avail. But cases arise in which, after a blow received on the eye or its neighborhood, a sudden partial or total loss of vision occurs; and in these cases an ophthalmoscopic examination is of great value in determining the nature of the injury. It may give a positive result, by detecting effusions of blood, retinal separation, &c.; or negative, by showing that no alterations or abnormities are to be observed in the eye itself, and thus proving that the injury in question has affected the brain. And, in this connection, the physician would further be secured from deception, when a person thus injured pretends that a loss of sight has resulted from the injury; or when a defect of vision had previously existed, and the discovery was made after and believed to be owing to the injury. For if, under such circumstances, the physician finds the traces of old disease, old exudations in the choroid, maceration of pigment, posterior staphyloma, &c., his examination with the ophthalmoscope will place him in a position to deny most authoritatively any connection between the derangement of vision and the injury.

The advantage arising from the use of the ophthalmoscope under such circumstances might perhaps appear less great, owing to the fact that the number of these cases is relatively small. Much more frequent, however, are the instances in which an ophthalmoscopic exa-

mination is indispensable to the physician who is called upon to give an opinion concerning the simulation of myopia or amaurosis by those drafted for military service.

Wellmarked short-sightedness has always been accounted a sufficient reason for release from military duty; and, as is well known, may be imitated by accustoming the eyes to the use of strong concave glasses. In spite of this, the existence of short-sightedness has generally been considered amply proved, when the person could read a short distance off with the glasses employed as tests. But who, from such external and functional symptoms, could form an opinion as to whether this was short-sightedness depending on a defect in the power of accommodation, on a derangement of the media of refraction, or on other anomalies in the interior of the bulb? An examination with the ophthalmoscope can alone, up to a certain point, render us absolutely sure.

If we now, in a given case, have to determine whether the alleged short-sightedness is true or simulated, the following facts are to guide us (supposing always that the observer himself possesses a normal eye).

The suspicion that the myopia has been artificially produced by the use of too powerful concave glasses, would be further strengthened by the fact that the ordinary external evidences of short-sightedness are wanting in the eye in question, and that the result of the ophthalmoscopic examination does not harmonize with what here follows.

If, on examination of the eye with the mirror alone, the retinal vessels are seen as clearly and readily as in an entirely normal eye with the help of a convex lens (inverted image), a strong reason exists for acknowledging the existence of a real myopia.

A further reason lies in the fact, that, on examining the upright image, the observer is obliged to draw largely on his power of accommodation and to use strong concave glasses, in order to see the retina distinctly; for, the greater the degree of myopia in the observed eye, the greater accommodative effort and the stronger concave glasses are necessary on the part of the observer in order to clearly distinguish the details of the fundus of the eye. If the observer, having firmly impressed on his mind the appearances of a normal eye, examines a short-sighted eye (in the upright image), the surface that comes into view will appear less extensive; and, the greater the amount of short-sightedness, the nearer the image seems to approach his own eye. This image seems less illuminated, and less highly colored; while, on the other hand, it is more magnified, its different details being less clearly defined. The size of the pupil being relatively the same, the eye of the observer is unable to take in the whole of the optic nerve at a glance, as it generally can in a normal eye and in the case of a moderately wide pupil. To obtain a distinct view of the fundus it is further necessary to employ concave glasses of a depth increasing with the degree of the short-sightedness, and to

approach the eye of the observer nearer and nearer that of the observed.

In an over-sighted (hypermetropic) eye, on the contrary, a much larger surface comes into view; the image is formed at a much greater distance from the eye of the observer, is brighter and more highly colored, but much reduced in size; its details are more distinct, and the whole image better defined. In extreme over-sightedness, when the pupil is large, the observer takes in at a glance not only the optic nerve, but as much more of the fundus on either side; the whole effect being, in respect to size, similar to the real inverted image obtained by interposing a convex glass. Quite as remarkable is the difference in the choice of a corrective glass. The observer who is accustomed to examine the image of a normal eye without the assistance of a lens (behind the mirror), is forced to use, for an over-sighted eye, a correspondingly strong convex corrective glass, or must supply its place by accommodating his own eye for the near. And, finally, his distance from the observed eye, during the examination, is greater, often considerable.

If individuals, liable to be drafted, simulate partial derangement of vision or complete amaurosis of an eye,* the ophthalmoscope is almost the only means we possess of deciding with certainty whether such affections really exist or are only simulated; inasmuch as we are unable, through external symptoms alone, to either affirm or deny their presence.

Strabismus of the affected eye, mydriasis, a smoky reflex from the bottom of the eye, immobility of the iris, are in fact symptoms that may point to a total loss of sight. But these aids to diagnosis fail in cases of amaurosis in which the retina is still slightly sensitive to light; or they may exist, entirely independent of amaurosis, in cases of paralysis of the third pair, or in idiopathic mydriasis. It is well known that the artificial mydriasis, produced by belladonna, is a favorite method of deception.

The pupil has almost always been found regular, and of normal or nearly normal mobility in cases of amaurosis that commence with hemiopia, or almost total loss of vision, or that depend on detachment of the retina, effusion of blood in the neighborhood of the macula lutea, small scattered retinal apoplexies, or serous effusions. Who, however, could diagnosticate these troubles with certainty without the aid of the ophthalmoscope?

In many other cases the pupil retains its size and mobility, although amaurosis really exists, caused, it may be, by extensive atrophy of the optic nerve, or by a disease of its substance. In such cases the ophthalmoscope proves that the retina or the optic nerve is incapable of performing its functions, by showing concavity of the

* In cases where there was reason to suspect that the amaurosis was simulated, I have seen von Graefe employ the following test. A prism, with the base *upwards* or *downwards*, is held before the sound eye, and the patient is told to regard some such object as a pencil or ruler held *horizontally* some inches off. If he is asked how many objects he sees, and replies two, one of the images must be seen by the eye which has been stated to be blind. Cover this eye, and one of the images disappears.—H. D.

papilla, a mother-of-pearl-like color of its surface, obliteration or atrophy of the retinal vessels, &c.

Whether the ophthalmoscope will ever aid the medical expert in forming a just opinion of mental disease, must be determined at a later period; inasmuch as the data in our possession are yet too deficient. We venture, however, to express a general hope, that what we have advanced may show that the ophthalmoscope will be no inconsiderable ally to the medical expert in such cases as those stated; as well as that it merits, as such, a more general appreciation than it has yet received.

PUERPERAL CONVULSIONS.

BY WILLIAM L. WHEELER, M.D., CHELSEA.

[Reported to the Suffolk District Medical Society, and communicated for the Boston Med. and Surg. Journal.]

CASE I.—I was called to a patient about five months advanced in pregnancy. She had complained frequently of dizziness, fulness and pain in the head, at times of a momentary loss of sight with strange noises in one or both ears. She had grown stout and fleshy during the four previous months, presented a puffy appearance of the face and general surface, with oedematous swelling of the feet and ankles. The urine was dark in color, and deposited a sediment. Treated with dilute nitric acid and with boiling water, it gave a large flaky precipitate of albumen. Just four weeks from this time, that is, about the end of the sixth month of utero-gestation, she was seized with distress in the epigastrium, followed by nausea and soon by vomiting, pain in the head, and dimness of vision, soon ending in total loss of consciousness, with convulsions. The face was distorted, the lips livid, eyes injected, with contracted pupils, the breathing stertorous, some frothing at the mouth, pulse full and rather frequent, &c. The attack, or the convulsion, was so sudden, overwhelming all sensibility and intelligence, that she complained of no pain in the abdomen; and, on examination, the os uteri was found undilatable. The paroxysms continued to recur at short intervals, less and less severe, for a period of about six hours, when she sank into a perfectly comatose state, and death closed the scene.

Treatment.—I was called soon after the first convulsion, and immediately bled freely from the arm, applied leeches to the head, sinapisms to the extremities and the epigastrium, gave injections by the rectum of *infus. sennæ comp.*, with some oil of turpentine. I found that the paroxysms continued to recur without much if any abatement, except as the strength failed and the stupor increased. I then tried the free inhalation of sulphuric ether, with the hope to arrest them and gain time for the uterus to dilate; but in this I was disappointed, and the ether seemed rather to depress or increase the coma and difficulty of respiration. It was therefore discontinued after giving it what seemed to be a fair trial.

In this case the convulsions appeared to be of that congestive form giving them an apoplectic character. It is seldom that a case of this kind terminates fatally in the short space of time that this did. The question is, what treatment could do anything towards the safety of the patient? The prompt bloodletting and other means used at the time, seemed to produce but little if any effect. The ether seemed rather to depress the system than to prevent the convulsions. An autopsy might have shown effusion or extravasation within the brain, but I could not obtain the consent of friends.

CASE II.—I was called to this patient, aged 22 years. It was her first pregnancy, and about the end of the sixth month. Previous to marriage she was thin in flesh, and her general health was poor; but during the last six months she had gained in weight some forty pounds, with a puffy swelling of the whole body and a pitting of the feet and ankles on pressure.

The night previous to the attack she had eaten some unripe peaches, and then complained of a distress in the stomach, had one or two discharges from the bowels and vomited a few times. She had previously complained of a fulness of the head, with pain in the temples, and at times would lose her eyesight, and often could only see a part of an object at a time. The distress in the epigastrium was the most urgent symptom; she had no pain in the back or abdomen like that of labor, and on my first examination I could discover no dilatation of the mouth of the uterus. In or during an effort to vomit, the patient gave a half groan or kind of shriek, the head and the muscles of the face were drawn down on one side, and the whole body, with the extremities, became convulsed, the respiration labored, the face turgid, the lips livid in color, with frothing at the mouth and slight bleeding from the tongue. This paroxysm lasted about ten minutes, followed by profound stupor, with a loud and almost stertorous breathing; these last symptoms gradually subsiding and the patient apparently falling into a quiet sleep, lasting from twenty to thirty minutes, followed by a general restlessness, with throwing of the arms and head from side to side, with but a partial gleam of consciousness. This state of things was only premonitory of another violent convulsion, with a recurrence of the symptoms just described, after an interval of from twenty-five to thirty-minutes. I was called to the patient previous to the first convulsion, and applied leeches and cold to the head, and sinapisms over the stomach and to the extremities. Hoffman's anodyne was given internally; but as soon as the first convulsion seized her, I bled freely from the arm, without, however, preventing a second paroxysm, which was as violent as the first. About at the access of the fourth spasm she inhaled sulphuric ether freely, and this seemed to shorten it, as it was much lighter than either of the previous ones. The inhalation was continued, and the fifth convulsion seemed to be impending, but was prevented or modified so as to cause only a general restlessness. Just at this time Dr. Storer, of Boston, who

had been called in consultation, arrived. On examination, he found slight dilatation of the os uteri, and advised the continued use of the sulphuric ether, so as to keep up its full influence upon the nervous system, and to wait for some expulsive efforts from the uterus. Some urine was obtained by the use of the catheter, and was found, on examination by the usual tests, to contain a large quantity of albumen. The patient was kept under the influence of the sulphuric ether sufficiently to quiet general restlessness, and no more convulsions (after the attempt at the fifth one) appeared. In about fifteen hours from the first attack, decided labor pains came on, and in two hours she was safely delivered, and the ether was gradually withdrawn. She slept for several hours, and then awoke, asking what had happened. No unpleasant effects or symptoms followed the long use of the ether, and her convalescence was rapid, her general health and appearance becoming better than before her sickness.

CASE III.—I was called to this patient at about the end of the eighth month of her eighth pregnancy. She was about 38 years of age, of a plethoric habit, the whole surface being swollen, and the skin, feet and legs enormously distended. The veins were varicose, with some old ulcers discharging. She had complained for some time of a fulness about the head, with dizziness, affecting the eyesight. The night previous she had eaten heartily, about bed-time, of cold corned beef and cabbage, and subsequently complained of distress, first in the stomach and head, with partial loss of consciousness, and was soon seized with a violent convulsion. The muscles of the face were much distorted, the skin and lips became livid, with foaming at the mouth. The respiration was loud and sibilant, the convulsive movement continuing from five to eight minutes, and being followed by profound coma. The epileptic character of the paroxysm seemed strongly marked. While in this state, a catheter was introduced, and some urine was drawn, and both the nitric acid and the boiling test caused a large precipitate of flaky albumen. The patient for a number of days had perceived an absence of the usual motions of the child, and as, on auscultation, I could not get any sounds of the heart, I concluded it must be dead. She had no pain in the back or abdomen, and there was no dilatation of the mouth of the womb.

Treatment.—The first convulsion occurred at about five o'clock in the morning, and as there were some objections on the part of friends to bloodletting, I at once gave her sulphuric ether, by inhalation, applied leeches to the temples and cold to the head, and gave injections of compound infusion of senna to evacuate the bowels. The patient had freely vomited during the night. I kept up the anæsthetic action of the ether until about 11 o'clock, A.M., when the convulsions and the general restlessness subsided, the patient seemed to sleep quietly, and the ether sponge was cautiously withdrawn from the mouth. Up to this time (that is, from 5 o'clock till 11 o'clock, A.M.) she had had five convulsions, and about 4 o'clock,

P.M., she awoke and asked the time of day and where she had been, &c. She complained of some distress in the head and partial loss of vision, but said she had no pain in the back or the abdomen.

Some of the urine was obtained, and found to contain a large proportion of albumen, by the usual tests.

The patient continued gradually to improve in mind and body, but was unable to leave the bed. In five days after the first attack of convulsions, labor pains came on, and with some premonitory symptoms of a return of the spasms—that is, pain in the head and epigastrium. I immediately gave her the sulphuric ether, and continued its free inhalation until delivery took place, and some little time after, as I was fearful the after-pains might induce the same trouble again. The child was dead, and portions of the integument were detached from the abdomen and extremities. The patient gradually recovered, but suffered from a train of unpleasant nervous symptoms, with a partial loss of memory.

The effects of the ether were very marked, as it seemed to control the convulsions completely, and quiet the restlessness which preceded them; and when labor really came on, it arrested the threatening symptoms which manifested themselves. It was the important remedy, and the one depended upon in this case, as I did not resort to general bleeding. The length of time the patient was under its influence and the quantity used are worthy of notice, as showing the safety with which it may be employed, as well as the reliance to be placed upon the article.

CASE IV.—*Albuminous Urine, without Puerperal Convulsions.*—I was called to a patient who was near the end of the third month of her third pregnancy. She called my attention to the urine, which was of a dark smoky color, with at times some traces of blood mingled with it, but passed without pain or any other unusual symptom. There was no swelling of the surface, and the feet and ankles were in a natural condition, with no headache or pain in the stomach, not much even of the usual nausea.

The urine, submitted to the action of dilute nitric acid and boiling, precipitated about one third of its volume of white flaky albumen. I repeated the examination at intervals of about four weeks, until the very day and even a few hours before delivery, and at each time the tests exhibited a large proportion of albumen.

The labor came on at the full period, and much to my relief and satisfaction without any symptoms of convulsions. Four days after, I applied the tests as before, but could find no traces of albumen, and the urine was natural.

This case is of much interest in connection with the previous ones, as the albuminous urine was present in each of them at the time the convulsions came on.

EFFECTS OF FUNGI ON THE HUMAN SYSTEM.

[Concluded from page 515.]

Inoculation of the Human System with the Spores and Cells of the Fungi of Wheat and Rye Straw.—CASE I.—At 10 o'clock, P.M., February 11th, 1862, I inoculated my arm with the spores and cells of the fungi of wheat straw, which I obtained by placing a straw—covered with the plants—on a plate of glass, and hitting it with a few slight taps. On removing the straw, under and both sides of it was a cloudy band, about one third of an inch wide, running across the glass. These spores and cells lay so thick on the glass that, to the naked eye, they seemed to touch each other. The straw from which I obtained these cells came from a stack near this place, and was the same kind of straw as that used for beds at the camp. Under the microscope, the fungi presented the same appearance, and the cells disengaged in agitating the straw were precisely similar.

Wednesday, Feb. 12th, perfectly well. No inflammation or itching around the point of inoculation.

13th.—Slight nausea. A very slight redness and itching at inoculating point.

14th.—Got up with a feeling of lassitude and nausea, which continued all day. The redness and itching of inoculating wound increasing; had difficulty in keeping warm; chilly all day; occasional sneezing; eyes sensitive; had a peculiar feeling about the scalp, as if red pepper or mustard had been rubbed into the pores.

Saturday, Feb. 15th.—Nausea and lassitude continue; occasional sneezing; flashes of heat over the whole body; itching and inflammation of the wound on the arm increasing; thoughtlessly rubbed off the scab, which was about three lines in diameter. The peculiar smarting, burning, congested sensation over the whole scalp, has increased since yesterday. It extends into the bone, with pains through the forehead and temples. A few blotches have made their appearance on the face and neck. Eyes weak and inflamed, so much so that I could not use them to read over half an hour during the evening. A heavy oppressive feeling about the chest; mucous membrane of fauces and throat dry and irritated; feel as if I had a severe cold.

Sunday, Feb. 16th.—Had a sensation of weariness and drowsiness, with nausea, all day. Eyes red, inflamed, and sensitive; smart, so that I cannot use them to read by gas-light. Whole scalp feels sore, with a constant, congested, burning sensation all through it to the bone. Arm itches; redness as large as a dime. A heavy congested feeling about the chest; have had more or less fever since Saturday morning. Throat and fauces dry and swollen, and voice hoarse. Pains in back and head have been almost constant since Friday last.

Monday, Feb. 17th.—The burning sensation of the scalp still continues. Eyes weak and inflamed; cannot use them long at a time, without pain. There is still slight fever and nausea.

Tuesday, Feb. 18th.—Nausea; face feels as if it had been exposed to the heat of an open fire till it had become inflamed. The peculiar burning soreness of the scalp is somewhat relieved. Eyes still sensitive; catarrhal symptoms and fever less than yesterday.

Wednesday, Feb. 19th.—Very much better; the soreness of scalp almost entirely relieved; blotches and redness of face disappeared; catarrhal symptoms and fever gone; eyes quite well.

CASE II.—Wednesday evening, Feb. 19th.—Inoculated myself again in the same place, with the spores and cells of fungi as before.

Thursday, Feb. 20th.—Feel perfectly well, except a slight sensitiveness of the eyes.

Friday, Feb. 21st.—Same as yesterday.

Sunday, March 2d.—Have felt perfectly well since Feb. 21st. Eyes perfectly recovered.

Monday, March 3d.—The last inoculation has produced no effect upon the system, that I can discover.

CASE III.—Wednesday evening, Feb. 19th, 1862, inoculated my wife on her arm, with the spores and cells of the straw fungi. The cells were taken from the same group as those used in the second inoculation of my own arm, on the same evening.

Thursday, Feb. 20th.—Perfectly well all day.

Friday, Feb. 21st.—During the day, a dry constricting feeling of the throat made its appearance, and grew much worse during the following night. Voice hoarse; has felt chilly through the day, with a feeling of lassitude and drowsiness. Nausea; ate no dinner. Throat and fauces inflamed.

Saturday, Feb. 22d.—Nausea; but little appetite; severe pains through the forehead and temples; tongue considerably furred; throat feels dry and inflamed, with a very disagreeable constricting feeling, as if it would close up. A tumid appearance of fauces; voice hoarse; slight fever.

Sunday, Feb. 23d.—All through last night her throat felt as if it would close up. Rest very much disturbed. In the morning, throat felt better. Occasional sneezing; voice hoarse; some pain in swallowing. Stupid, weary, and inclined to sleep.

Monday, Feb. 24th.—Throat did not trouble her much last night; still hoarse; head stopped up, as if with a cold; towards evening, a fulness and throbbing about the head, which felt sore.

Tuesday, Feb. 25th.—Had rather a restless night; head feels sore, swollen and heavy, as with a severe cold; eyes sensitive; catarrhal symptoms severe; heaviness about the chest; slight cough; considerable lassitude and drowsiness; slept from 10, A.M., to 3, P.M.; but little appetite. Had through the day occasional sensations of deafness; slight redness in spots under the skin on the face. During the evening the pains in the head were relieved, and the bowels became tender and sore.

Wednesday, Feb. 26th.—Had a good night's rest; head relieved;

eyes still sensitive; catarrhal symptoms subsiding; chest feels easier; bowels very sore and tender to the touch. Appetite returning; redness on arm nearly gone; slight itching yet.

Thursday, Feb. 27th.—Rapidly recovering; head and eyes feel quite well; bowels still slightly tender.

Friday, July 28th, quite well.

It will be seen from this case, that although there was scarcely any perceptible blotches, yet the other symptoms, such as chills, followed by fever, pains in the head, catarrhal symptoms, nausea, lassitude, &c., were all present. The disease commenced in the head, throat, and fauces, and passed downward, the bowels being very sore after the head, throat and chest were relieved.

CASE IV.—On Sunday, March 23d, 1862, Chas. B. Pierce, a fine healthy boy, six years of age, was exposed to measles, by contact with the disease.

March 26th, seventy-two hours after the exposure, inoculated him with the fungi of wheat straw. The fungi were grown in my office, and shaken off from the straw on plates of glass, between which the spores and cells were preserved for use. On the second day after the inoculation (March 28th), a redness appeared around the inoculating point, about the size of a dime. This was preceded and accompanied by catarrhal symptoms resembling a slight cold. Did not complain. Played out of doors every day. This redness at the point of inoculation soon disappeared; the catarrhal symptoms subsided, leaving no bad effects; and on April 2d, he was perfectly well. Forty-two days have passed since this boy was exposed to the disease, and there are no signs of measles yet.

CASES V. to IX.—Mr. Bartholomew, of Newark, Ohio, has a family of seven children, ranging from three to seventeen years of age. On Wednesday morning, April 2d, Franklin Bartholomew, the next to the oldest son, broke out with measles. On Saturday evening, April 5th, three days after Franklin came down with the disease, and three days after the exposure of the entire family, I was called upon by Dr. Teller, their family physician, to go with him and inoculate the other six children and the mother, none of whom had ever had the disease. We inoculated the mother, and four of the children, leaving two boys—one thirteen and the other seventeen years of age—without being inoculated. On April 14th, the boy seventeen years of age, and on April 16th, the one thirteen years of age, broke out with the disease. It has now been five weeks since the exposure of the mother and the four children inoculated. Although there has been three successive cases of measles in the house, none of those inoculated have had any symptoms of the disease. From twenty-four to thirty-six hours after the inoculation, they all had symptoms resembling a slight cold, with a little chilliness, catarrhal symptoms and sneezing. Beyond this they have been perfectly well from the date of the inoculation to the time of this writing, May 5th.

The inoculation does not produce a pustule and scab, like the vaccine virus, but simply a redness around the wound, like a measles blotch. There is seldom any soreness, but usually a simple itching sensation for two or three days, extending generally from the second or third to the fifth or sixth day after the inoculation.

CASES X. to XIII.—April 12th, inoculated with rye straw fungus Mrs. —, and two of her children, none of whom had ever had measles, and who had been exposed to the contagion of the disease from a case of genuine measles in the family, which broke out April 6th. On the evening of the 13th and morning of the 14th, they all had symptoms of chilliness followed by fever, catarrhal symptoms, slight cough and sneezing. The inoculating wound became red over a surface about the size of a dime, presenting the appearance of a measles blotch.

Their symptoms were so slight that the children were not kept in doors, and the mother was not prevented from attending to her ordinary duties.

On the 18th they had all quite recovered. It is now four weeks since the exposure, and no signs of measles in any of the cases inoculated.

From the inoculations, as far as they have gone, in from twenty-four to seventy-two hours the effects begin to show themselves in lassitude, chilliness, catarrhal symptoms and pains through the forehead and temples. It is highly desirable that these experiments should be extended further. For this reason we publish thus early our observations and experiments (much more limited than we could have desired, on account of the difficulty in this place of obtaining subjects who are willing to sacrifice a few hours' health to such purposes), that others in larger places, who have greater facilities in the way of hospitals, &c., for carrying out more extended series of experiments under the eye of the attending physicians, may take up the matter and aid in its further investigation.

I have not been able to distinguish, thus far, any difference between the eruption and attendant symptoms of genuine measles and "camp measles," or straw measles. When the disease is communicated to the human subject, however, by inhaling the spores and cells of straw fungi, the eruption appears to follow the exposure or inhalation in from twenty-four to ninety-six hours; while in exposures to the contagion of the disease, the eruption does not usually make its appearance until from eleven to fourteen days thereafter. It is stated that in inoculations made by using matter obtained from the measles blotch, or by using the tears, blood, or salivary secretions of subjects broken out with the disease, the modified type of measles which results makes its appearance generally on the sixth or seventh day after the inoculation. In inoculating, however, with the spores and cells of straw fungi, the symptoms commence usually in about twenty-four hours; though sometimes they do not make their appearance till as late as seventy-two hours thereafter.

This matter, however, requires further investigation before fully reliable statements can be made.

To what extent inoculation with straw fungi may prove effectual in protecting the human system against the contagion of measles, can only be settled by careful and extended experiments.

In Wood's Practice, under the head of *Causes of Measles*, we find the following statements, which we here quote, as they point indirectly to a possible origin of the disease somewhere in the direction of the results of these examinations.

"Though capable of being propagated by contagion, measles prevail much more at *some periods* than at others; probably under a peculiar epidemic influence. Whether this influence is sufficient of itself to produce the disease, or whether it merely acts by increasing the susceptibility to the contagious principle, may perhaps be considered uncertain. If the fact quoted by Rayer from an old author, that the disease was not known in the new world until the year 1518,* when it was imported from Europe, could be relied on, it would go far to prove that epidemic influence is alone insufficient; but the testimony can hardly be admitted to have much weight; and the very frequent occurrence of the disease without any possibility of tracing the cause to personal communication, would lead to the opposite conclusion.† Still there is no impossibility in the production at once by the human body and by other *unknown agencies in nature*, of the same identical poison, whatever that may be. The difficulty would be removed one step by admitting the vital organic character of contagions. *Cold weather*‡ appears favorable to the production of the disease, as epidemics of it are most frequent in winter. They occur, however, at all seasons. No age is exempt from the disease. It attacks the fetus in the womb and old persons in their second childhood. Yet it is much more frequent in children than in adults. One reason of this may be a diminished susceptibility; yet a much stronger one is the fact, that most persons have the disease in early life, and can have it but once. There is a general susceptibility to measles; and there are very few who are not attacked at one or another period of their lives.

"Though, as a general rule, measles are capable of being taken but once, instances have undoubtedly occurred, as in all other contagious diseases, in which the same individual has been affected a second time."

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE SUFFOLK DISTRICT MEDICAL SOCIETY.
FURNISHED BY DR. J. C. WHITE, RECORDING SECRETARY.

APRIL MEETING.—The President, Dr. D. H. STORER, in the chair.

Dr. STORER, on taking the chair for the first time, remarked upon his

* Wheat and other small grains were introduced into the new world about this time. Having no straw to generate the fungoid cause, they probably did not have the disease.

† It would, if there existed in the new world the proper material from which the cause or contagion emanates. If this be confined to the straw of our cereal grains, and these were not known here previous to 1518, then there is a probability that the author, whom Rayer quotes from, may be correct.

‡ Wheat and the other small grains are generally threshed during the fall and winter, and these are the seasons when the straw is the most used, and the periods when the disease usually occurs. When it occurs at other seasons, it is highly probable it may originate from straw beds.

long connection with the medical profession of the city, and expressed his thanks for this proof of their confidence in him.

The Vice President, Dr. Abbot, also expressed his appreciation of the honor done him by the Society in their recent election.

Necrosis.—Dr. J. MASON WARREN exhibited a specimen of necrosed bone from the leg of a girl, who had been suffering from the disease for six months. He had thought, on first seeing the case, that it was one of simple exfoliation, but on incision he found deep-seated necrosis, and was obliged to remove nearly two-thirds of the tibia. In answer to an inquiry from Dr. Abbot, whether he had ever had an opportunity to see the regeneration of bone from the periosteum, Dr. Warren mentioned a case in which the whole lower jaw had been thus restored in about three months. The periosteum was detached, and already coated on the under side with a growth of new bone at the time he removed the jaw. The new jaw felt slightly rough on the surface. The disease in this case was caused by inhalation of the fumes of phosphorus in the manufacture of friction matches.

Obscure Thoracic Disease.—Dr. GOULD mentioned the case of a man in the Massachusetts General Hospital, who two years ago received a blow upon the chest. Since then there has been some dyspnoea. The pulse is regular and equal at both wrists, nor is there any cough, hoarseness, or bulging of the chest externally. The first sound of the heart is much prolonged, and its point of greatest intensity is at about the junction of the third rib with the sternum on the right side. This sound extends as far as the axilla. A peculiar thrill is perceptible to the touch throughout the second and third intercostal spaces, quite to the right axilla. The dyspnoea is not very great, but occasionally there are very acute pains near the ensiform cartilage, with pallor and great prostration. The sounds of the heart are heard quite distinctly in the back also. The patient sleeps well in a reclining posture; there is no oedema, and he retains his appetite and flesh.

Needle in the Foot detected by a Magnetic Needle.—Dr. GARRATT stated that a lady had recently called upon him for the purpose of having galvanism applied to her foot, she having suffered a number of years from apparent rheumatism and lameness of the part. The foot resembled closely an old rheumatic hand, being covered with moisture, smooth and painful. The first application of the galvanism caused unusual suffering, and, upon a more close inspection, a hard, white point was discovered just beneath the internal malleolus, which was by far the most painful spot when touched by the electrode. It was found to influence a magnetic needle when placed near it, and the patient was assured that some metallic substance must be imbedded there. Although she was entirely unaware of anything of the sort, he cut through the skin, and came immediately upon a fragment of a large needle, three fourths of an inch long. The patient then remembered that, seven years since, she was supposed to have run a needle into her foot between the first and second toes, as she had trodden upon some sharp substance at that time, and a piece of a needle had been found. Dr. Garratt was led to use the static needle in this case by finding how excessively sensitive this portion of the foot was to galvanism, as if the current were more strongly conducted there than elsewhere.

Sudden Death.—The President said he had been called, during the past week, to see a lady, aged about 35, who had suddenly fallen, in

Winter St. He answered the summons immediately, and found her dead. She had previously had repeated fainting fits, and had left the Music Hall, a few moments before, feeling faint. Fifteen years ago, she had a slight attack of mental aberration, accompanied by strabismus, the latter having disappeared during the past year. The attack was not of long duration.

Dr. ELLIS, who made an autopsy in this case, said that a slight condensation of the cerebral matter of the right hemisphere was noticed, but there was no evidence of recent disease. Nothing was detected to account for her death, as often occurs in cases of sudden decease. The heart was dilated and filled with blood, and Dr. Ellis suggested that her death might have been caused by syncope.

Hæmoptysis.—Dr. BOWDITCH inquired if Dr. Ellis had observed, at the autopsy of the late Dr. Hosmer, of Watertown, any changes in the structure of the lungs to account for the copious hæmorrhage which he had in early life?

Dr. ELLIS replied that the apices were adherent and somewhat emphysematous, but that no appearance of any past or present tuberculous infiltration existed. The immediate cause of death was ulceration and perforation of the gall-bladder.

Dr. J. B. S. JACKSON remarked that hæmoptysis is often found to take place without a subsequent development of tubercles; so that it has come to be considered a less dangerous symptom here than in other places. He mentioned several persons now living in health, in whom this had taken place in early life. He said, moreover, that it did not follow that tubercular disease had never existed because no deposit is found after death; for both rational and physical signs prove that tubercular matter is absorbed at times during life.

Dr. CHANNING referred to the case of Dr. Dixwell, of Boston, in whom hæmoptysis, accompanied by emaciation, occurred at intervals of thirty and six years before his death, subsequently disappearing. He died of acute pneumonia. There were small cavities in the lungs, but no traces of tubercular deposit.

Dr. BOWDITCH also spoke of the absorption of tubercular matter, and the subsequent return of normal physical signs. He was much less certain about giving a positive prognosis in consumption now than formerly. He had condemned persons to certain death because of marked rational and physical signs of phthisis, and seen them walk into his office, years afterwards, completely recovered. In one notable instance a cavity had existed.

Dr. SHATTUCK gave an account of the case of a boy, with symptoms of phthisis, in whom severe hæmoptysis occurred, and caused sudden death. Dr. Bowditch mentioned similar cases, in which the pulmonary artery was found after death to have been cut off by ulceration within a cavity.

Hæmatemesis.—Dr. WARREN mentioned the case of a young man in whom severe hæmatemesis came on after violent exercise in a gymnasium. He had seldom seen severe hæmorrhage from the internal organs in the male, he said, unless caused by some organic disease; whereas, as is well known, it may occur profusely in the female without being a serious symptom.

Iridectomy.—Dr. WILLIAMS reported a successful operation of iridectomy for glaucoma. (See this JOURNAL of May 8th.)

Bleeding from the Temporal Artery.—Dr. JACKSON spoke of and ad-

vocated the practice of bleeding from the temporal artery in cases of cerebral congestion, and of the substitution of this easily performed operation for the expensive employment of leeches.

Colchicum in Acute Rheumatism—Veratrum Viride.—Dr. JACKSON also spoke of the treatment of acute rheumatism, and of the great variety of internal remedies that had been recommended. He had tried them all, more or less; and with some, that had been vaunted as heroic, he had most signally failed. Every one has observed, he remarked, how differently the same drug will act in apparently similar cases in the same season, and still more in different seasons. Colchicum was the one that of all others he was in the habit of using, and the powder of the root was the form of preparation that he very much preferred as being the most reliable. Many years ago, he saw a case of acute rheumatism that had been relieved several times by the wine of colchicum, but the disease returned in all its severity as soon as the effect of the medicine passed off; the powdered root was then substituted, and the relief was not merely rapid but permanent; the case being a particularly impressive one from some of the collateral circumstances. Dr. J. said that his partiality for this preparation of the drug dated from the time when he saw it used by Dr. James Jackson in his practice as physician of the Massachusetts General Hospital; other remedies were used, and also other preparations of colchicum, but the one referred to seemed to be the most effective. Half a drachm of the colchicum was mixed with two drachms of cream of tartar, and an adult would take this amount in twenty-four hours, in an acute attack; one fourth part every six hours, or one sixth every four. Diarrhoea, with more or less pain, will begin in about forty-eight hours, and some will say that the medicine relieves the disease like any other cathartic, but Dr. J. did not believe in this idea; occasionally there is nausea or giddiness, but still more often Dr. J. had seen the pulse become slow and halting, and sometimes quite irregular; this effect upon the pulse continuing perhaps for several days after the medicine is omitted, and being quite alarming to one who is not used to it, and as it was in the particular case above referred to. It did not, like veratrum viride, produce stricture of the chest. He had not found the latter drug so effective in reducing the heart's action as it had been stated to be by others. The preparation he had employed was the tincture.

Dr. ABBOT said he had never found the veratrum to fail to lessen the frequency of the pulse in the cases in which he had tried it. He referred to the case of a woman under his care, suffering from pneumonia of the upper lobe of the right lung, with compression of the left by extensive pleuritic effusion, who suffered extremely from paroxysms of dyspnoea occasioned by attacks of violent palpitation. In this the veratrum viride acted like a charm, in a very short time checking the violent action of the heart, and limiting with the greatest precision the number of its beats, giving the patient great comfort. He had heard no complaint of its causing stricture of the chest, but he had known it to produce nausea. The preparation he was in the habit of employing was Thayer's fluid extract. Possibly different results might be caused by the tincture.

Dr. J. C. DALTON said that his early experience confirmed Dr. Jackson's in the use of colchicum in rheumatism. He generally used the powdered seeds.

Delirium produced by Bitters.—Dr. RICE stated that he had seen a

case of delirium tremens arising from the use of "Langley's Bitters." This had been taken by the patient for several months in the quantity of nearly a quart daily.

Hair-pin in the Vagina of a Young Girl.—The President said he had recently been called to see a girl of nine years, who was unusually developed, who had a discharge from the vagina of two years' standing. Several physicians had been consulted without relief, none of whom, however, had ever examined the vagina. Exploration revealed a small black point between the labia minora, which proved, on extraction, to be a hair-pin, it having been introduced by the patient two years previously.

Dr. WARREN, who removed the hair-pin, said he found the vagina very much hardened and contracted. The pin was large and encrusted. One leg of it had pierced the wall of the vagina, in the direction of the tuber ischii. By bending it, he managed to extract it with great exertion. But slight bleeding followed, and the patient recovered with no other inconvenience than a small abscess of the thigh.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, JULY 31, 1862.

EXAMINATION OF RECRUITS.—We have noticed of late, in some of the daily papers, complaints of the rigor of the examining surgeons whose duty it is to inspect the recruits of our new levy. There seems to be an impression that men are rejected for the most trifling defects, and government interference is called for to check such a wanton setting aside of volunteers whose services are most urgently needed at the present moment. These feelings are very natural to unprofessional people, and to those who have got accustomed to some pet personal infirmity of their own, accommodating their habits to it, until they have come to regard it as hardly an infirmity at all. The public, of course, cannot be adequate judges of what should and what should not constitute physical disability for military duty. The experience of the past year has shown that the examination of men entering the army, instead of being too strict has not been strict enough. Hundreds of men have become a burden on the nation almost from the time of their enlistment, owing to the improper examination to which they had been subjected before being mustered into service. Look at the deaths or the cases of invalidism from phthisis, the men who have become disqualified from hernia, varicose veins, hæmorrhoids and other local infirmities, the evidence of which was overlooked or not regarded in its true light by the examiners, none of whom should have been allowed to enter the service. Instances are known of men who have been trading on their infirmities, by going from post to post until they find a surgeon ignorant enough to pass them, drawing their advance, breaking down in a short time, being discharged to save the public from a lasting burden, going off to another recruiting office, to go over the same game again. The bounty now so liberally offered for men to fill up our weakened regiments is a strong additional incentive to the lame, the halt and the blind, if they can only deceive the examiner, to come into the ranks, only to be discharged in a few weeks as

worthless. An instance came under our eye a few days since, showing the great need of the most extreme caution and thoroughness on the part of the examining surgeons. A young man, whose face showed no decided evidence of sickness, called upon us for an examination of his lungs, to determine whether he had any pulmonary disease. He had had a slight cough for some months, but as yet the rational signs did not indicate any very serious trouble. On auscultation, there was unmistakable evidence of tuberculous disease and commencing softening at the left summit. On giving the patient a candid statement of the exact nature of his case and the threatening danger, he asked if he were well enough to enlist in the army. Our answer was unequivocally, "No. He would not live six months, exposed to the fatigues and privations of a campaign." "Well, doctor," was his reply, "I have enlisted, and, more than that, have been mustered into service." "But were you not examined by a physician first?" "Yes." "What did he think of the state of your lungs?" "Oh, he did not examine my lungs," was his reply. Now here is a man who ought to have been summarily rejected, who will take his bounty of a hundred dollars and more, and will be, in all probability, an inmate of a hospital within a month, never to be an active soldier. It is not probable that there was any intention to deceive, on the part of the recruit in this instance, but why may not such cases be of frequent occurrence if there be similar neglect on the part of the examiner? There was nothing about the young man's appearance to excite suspicion of phthisis, and the patient and his friends would very probably have been extremely indignant had he been rejected for his slight cough. No: let the examination be rigid, and guided by the principles of common sense and conscientiousness on the part of the examiner, so that on the one hand mere blemishes, however obvious, of no serious import, may not lead to the rejection of men essentially able-bodied, and on the other the latent germs and signs of serious disease, which the public would not be likely to notice, may not escape the educated eye of the physician, and may ensure rejection, no matter what unprofessional people may say.

POLYPUS OF THE HEART.—We published, last week, a case of sudden death under the head of "Polypous Growth in one of the Columnæ Carnææ," which should not have been allowed to appear without comment, and we hasten now to make amends for the inadvertence. We would remark, in the first place, that the case does not seem to have been very thoroughly examined before death. The patient, to quote the words of the article, "had been subject to occasional tumultuous action of the heart, with attendant dyspnœa; also to persistent attacks of flatulence, for which he had been treated by Dr. Vermilye. So far as I can learn, no critical examination of the sounds of the heart was ever instituted." We cannot forbear an expression of surprise that so important an examination should have been omitted, bearing as it does so directly upon the question of the cause of death. Of course there is nothing in the existence of the little fibrinous clot spoken of to account for it. Much larger ones in the right cavities of the heart, of a precisely similar character, of *post-mortem* origin, are common enough, and we see no reason to think the one found in the present case had any other origin. The effusion into the pericardium, the existence of which auscultation must have revealed

before death, is much more likely to have caused the embarrassment of the heart's action, particularly when the attacks of flatulence are taken into the account. It does not appear that the urine was examined to determine the question of albuminuria, which may have existed without general dropsy. The alleged fatty degeneration of the right auricle is quite exceptional. This change is spoken of as confined to this part, and may well excite question among pathologists. General fatty degeneration of the muscular structure of the heart would account for sudden death; and in the present case, as there was no microscopic examination of the ventricular tissue, we cannot admit that it was certainly confined to the right auricle. On the whole we must say, that we do not consider the examination, either *ante-* or *post-mortem*, of this case, sufficient to determine the cause of death.

PROF. JEFFRIES WYMAN has published in *Silliman's Journal* a series of interesting experiments, on the formation of infusoria in boiled solutions of organic matter made use of, exposed only to air which has passed through tubes heated to redness, or enclosed with air in hermetically sealed vessels and exposed to boiling water, became the seat of infusorial life.

"The result of the experiments here described is, that the boiled solutions of organic matter made use of, exposed only to air which has passed through tubes heated to redness, or enclosed with air in hermetically sealed vessels and exposed to boiling water, became the seat of infusorial life.

"The experiments which have been described throw but little light on the immediate source from which the organisms in question have been derived. Those who reject the doctrine of spontaneous generation in any of the forms in which it has been brought forward, will ascribe them to spores contained either in the air enclosed in the flask, or in the materials of the solution. In support of this view it may be asserted, that it has been proved by the microscopical investigations of Quatrefages, Robin, Pouchet, Pasteur and others, that the air contains various kinds of organic matter, consisting of minute fragments of dead animals and plants, also the spores of cryptogamous plants, and certain other forms, the appearance of which, as Quatrefages says, suggests that they are eggs.* We have made some examinations of our own on this subject, but it would be unnecessary to give the results in detail. We will simply state, that we have carefully examined the dust deposited in attics, also that floating in the air collected on plates of glass covered with glycerine, and have found in such dust, in addition to the debris of animal and vegetable tissues, which last were by far in the greatest abundance, the spores of Cryptogams, some closely resembling those of Confervoid plants, and with them, but much less frequently, what appeared to be the eggs of some of the invertebrate animals, though we were unable to identify them with those of any particular species. We also found grains of starch in both kinds of dust examined, to the presence of which Pouchet was the first to call attention. When compared with the whole quantity of dust examined, or even with the whole quantity of organic matter, both eggs and spores may be said to be of rare occurrence. We have not in any instance detected dried animalcules which were resuscitated by moisture, and when the dust has been macerated in water none

* See an abstract of Pasteur's researches on Spontaneous Generation, *Silliman's Journal*, xxxii., 1, 1861.

have appeared until several days afterwards, until after a lapse of time, when they would ordinarily appear in any organic solution.

"Those who advocate the theory of spontaneous generation, on the other hand, will doubtless find, in the experiments here recorded, evidence in support of their views. While they admit that spores and minute eggs are disseminated through the air, they assert that no spores or eggs of any kind have been actually proved by experiment to resist the prolonged action of boiling water. As regards Vibrios, Bacteriums, Spirillums, &c., it has not yet been shown that they have spores; the existence of them is simply inferred from analogy. It is certain that Vibrios are killed by being immersed in water, the temperature of which does not exceed 200° F. We have found all motion, except the Brownian, to cease even at 180° F. We have also proved by several experiments that the spores of common mould are killed, both by being exposed to steam and by passing through the heated tube used in the experiments described in this article. If, on the one hand, it is urged that all organisms, in so far as the early history of them is known, are derived from ova, and therefore from analogy we must ascribe a similar origin to these minute beings whose early history we do not know, it may be urged with equal force on the other hand, that all ova and spores, in so far as we know anything about them, are destroyed by prolonged boiling: therefore, from analogy we are equally bound to infer that Vibrios, Bacteriums, &c., could not have been derived from ova, since these would all have been destroyed by the conditions to which they would have been subjected. The argument from analogy is as strong in the one case as it is in the other.

The Universal Society of Ophthalmology, *Société Universelle d'Ophthalmologie*, founded in Paris on the 12th of October, 1861, has published the following circular, which we copy with pleasure.

TO THE MEDICAL PROFESSION OF THE UNITED STATES.—The object of the Universal Society of Ophthalmology is known to you, and we hope its foundation will mark the present year in the annals of Medical Science. We are fully satisfied that the Society will take, from its first meeting, the position which it has a right to ask among scientific bodies. We believe it is now the proper moment to solicit your help and sympathy.

We invite you to associate yourself with the Society, which will meet for the first time from the 30th of September to the 3d of October, 1862, in Paris.

Your desire to be enrolled on its list of membership is requested to be made known to one of the undersigned, who will forward it to the Central Committee.

VALENTINE MOTT, M.D., 1 Gramercy Park,
JULIUS HOMBERGER, M.D., 24 West 12th st.

New York, May 20th, 1862.

ARMY MEDICAL DEPARTMENT.—The following were confirmed as Assistant Surgeons in the United States Army:—Wm. H. Keene, Geo. L. Porter, and David S. Huntington, of Pennsylvania; T. W. Williams, of District of Columbia; Charles M. Colton, of Virginia; T. M. Brown, of Ohio; Charles S. Degraw, of New York; Edward C. Strode, of Illinois; Andrew H. Smith, of New York, and Van Buren Hubbard, of Ohio.

Brigade Surgeon A. B. Crosby, late Medical Director Peck's Division, one of the most talented and energetic medical officers in the army, has resigned, and will return home immediately. Ira Perry, Contract Surgeon, has been assigned to the 2d R. I., as Act. Assist. Surgeon; J. G. Strowbridge to the 39th Ill.; J. W. Hinckley to the 13th Ind; Drs. Sargent, M'Collister and Pierce to the batteries under command of Major West.—*American Medical Times*.

Drs. Calvin Ellis and John Stearns, Jr., of this city, have left for the James River, to take charge of one of the hospital ships. They are in the service of the Sanitary Commission.

A suit for damages in a case of fracture of the leg followed by mortification and amputation, was lately brought before the Court of Common Pleas in Franklin County, Ohio, and resulted in a verdict for the defendant, Dr. G. W. Butler. It was claimed by the defendant on the trial, that a special contract was made with plaintiff, previous to treatment, releasing the former from all responsibility as to its result; and the validity of such a contract seems to have been allowed by the Judge, and the fact of its existence left with the jury to decide.

SYRIAN OLIVE OIL.—We have received from Mr. Henry D. Fowle, apothecary, a specimen of Syrian olive oil. In taste and soundness it seems to be equal to the best Italian oil.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, JULY 26TH, 1862.

DEATHS.

	Males.	Females	Total.
Deaths during the week,	32	45	77
Average Mortality of the corresponding weeks of the ten years, 1851-1861,	43.6	39.5	83.1
Average corrected to increased population,	92.55
Deaths of persons above 90,

Mortality from Prevailing Diseases.

Phthisis.	Chol. Inf.	Croup.	Scar. Fev.	Pneumonia.	Variola.	Dysentery.	Typ. Fev.	Diphtheria.
7	4	1	8	2	0	2	0	1

METEOROLOGY.

From Observations taken at the Observatory of Harvard College.—For the week ending July 12th.

Mean height of Barometer,	29.879	Highest point of Thermometer,	90.0
Highest point of Barometer,	30.110	Lowest point of Thermometer,	53.0
Lowest point of Barometer,	29.650	General direction of Wind,	S.W.
Mean Temperature,	73.4	Am't of Rain (inches),3

For the week ending July 5th, omitted in our last issue:—Mean of barometer, 29.947; highest point of barometer, 30.398; lowest point of barometer, 29.536. Mean of thermometer, 66.2; highest point of thermometer, 81; lowest point of thermometer, 51. General direction of wind, W.S.W. Amount of rain (in inches), 1.8.

PAMPHLETS RECEIVED.—Amputation of the Cervix Uteri, by A. K. Gardner, M.D., of New York.—Review of the Case of Rev. Henry Burge, indicted for Murder in Lewis Co., N. Y.; by John Swinburne, M.D., Albany.—Valedictory Address to the Graduates in the Medical Institution of Geneva (N. Y.) College; by John Fowler, M.D., Prof. of Chemistry, &c.—Seventh Annual Report of the Births, Marriages and Deaths in the City of Providence, for the year 1861; by Edwin M. Snow, M.D.—Annual Register of the Rensselaer Polytechnic Institute, Troy, N. Y.

DEATHS IN BOSTON for the week ending Saturday noon, July 26th, 77. Males, 32—Females, 45.—Accident, 1—apoplexy, 1—inflammation of the bowels, 4—disease of the brain, 2—inflammation of the brain, 1—cancer, 1—cholera infantum, 4—cholera morbus, 4—consumption, 7—convulsions, 5—croup, 1—diarrhoea, 4—diphtheria, 1—dropsy, 1—dropsy of the brain, 4—dysentery, 2—epilepsy, 1—scarlet fever, 8—hernia (strangulated), 1—infantile disease, 2—disease of the liver, 1—congestion of the lungs, 1—inflammation of the lungs, 2—marasmus, 2—measles, 1—old age, 1—paralysis, 2—pleurisy, 1—puerperal disease, 1—tabes mesenterica, 1—thrush, 1—inflammation of the uterus, 2—unknown, 4—whooping cough, 2.

Under 5 years of age, 40—between 5 and 20 years, 6—between 20 and 40 years, 14—between 40 and 60 years, 12—above 60 years, 5. Born in the United States, 60—Ireland, 15—other places, 2.

